

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 40. ARIZONA VETERANS' SERVICE COMMISSION

(Authority: A.R.S. § 32-2701 et seq.)

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ARTICLE 1. DEFINITIONS

R4-40-101. Definitions

- A. "Administrator" means the individual licensed by the Board of Examiners of Nursing Care Institution Administrators and Adult Care Home Managers who is the chief administrative officer of ASVH.
- B. "Admission agreement" means the document signed by an applicant or the applicant's legal representative that provides the permission for the applicant to receive treatment, defines the rights and responsibilities the applicant will have as a resident, and sets forth the standard of care and support the applicant will receive as a resident.
- C. "Admissions committee" means the administrator, director of nursing, veterans' service officer, social work supervisor, and business manager of ASVH who together determine eligibility

for admission and designate a level of care for each resident according to R4-40-403.

- D. "ALTCS" means Arizona Long-term Care System.
- E. "Applicant" means an individual who submits a written ASVH admission application.
- F. "Assistant Administrator" means the individual who acts as the administrator in the administrator's absence and performs other tasks as assigned by the administrator.
- G. "ASVH" means the Arizona State Veterans Home, licensed pursuant to A.R.S. § 36-401 et seq. and the rules promulgated thereunder and recognized by the VA according to 38 CFR 17.165 (September 1, 1992, edition and no later editions or amendments) which is incorporated by reference and on file with the Secretary of State.
- H. "Bedfast" means confined to bed or able to be out of bed for no more than 15 minutes at a time.
- I. "Business manager" means the individual who is responsible for managing ASVH's finances.
- J. "Care plan" means a written plan of care and treatment developed by the social worker, nursing staff, and physician that states:
 - 1. The resident's health problems and functional status,
 - 2. The treatment goals for the resident,
 - 3. The actions necessary to reach the goals, and
 - 4. The ASVH staff who is responsible for implementing each aspect of the plan.
- K. "Commission" means the Arizona Veterans' Service Commission.
- L. "Customized medical equipment and supplies" means those adapted to a resident's particular needs.
- M. "Daily charge rate" is each resident's cost of care at ASVH for each 24-hour period, beginning at midnight.
- N. "Daily living activities" means bathing, dressing, using the toilet, eating, transferring in and out of a bed or chair, using a wheelchair, and ambulation with or without the assistance of medical devices.
- O. "Dangerous to self or others" means likely to cause serious physical harm to a resident or nonresident.
- P. "Director of nursing" means a registered nurse who is responsible for the direction of nursing care for all ASVH residents.
- Q. "Disruptive behavior" means a resident's actions that interfere with the daily activities of others, including loud arguing, verbal or physical threats, assault, and theft.
- R. "Grievance" means a complaint initiated in accordance with R4-40-305 or R4-40-702.
- S. "Legal representative" means an individual or entity designated by an applicant, a resident, or a court of competent jurisdiction to act as a power of attorney, guardian, or conservator of an applicant or resident, and who directs the care or management of an incapacitated applicant or resident and who provides documentation to ASVH to verify the legal representative status.
- T. "Medicare" means the health insurance program for the aged and disabled under Title XVIII of the Social Security Act.
- U. "Nursing services" means services as described in A.R.S. § 36-401(A)(28) and A.A.C. R9-10-905.
- V. "Occupational therapy" means therapy as described in A.R.S. § 32-3401(5).
- W. "PASARR" means a preadmission screening and annual resident review that is conducted pursuant to A.R.S. § 36-2936.

- X. "Physical therapy" means therapy as described in A.R.S. § 32-2001(A)(7) et seq.
- Y. "Physician" means a person licensed pursuant to A.R.S. § 32-1401 et seq., or A.R.S. § 32-1800 et seq., or a VA physician.
- Z. "Psychosocial behavior" means a person's social relations, conduct, and manners based on mental and psychological factors, including level of consciousness, judgment, orientation, perception disturbances, and concerns.
- AA. "Resident" is an individual who has been admitted to ASVH.
- BB. "Resident support charge" means the dollar amount that is billed every calendar month to a resident or legal representative for the resident's care.
- CC. "Respiratory care" means the practice of respiratory care as described in A.R.S. § 32-3501(5).
- DD. "Skilled nursing care" means nursing and health-related services that foster rehabilitation of a person who needs assistance with daily living activities, provided at a nursing facility licensed pursuant to A.R.S. § 36-401 et seq. and the rules promulgated thereunder.
- EE. "Social worker" means a person certified pursuant to A.R.S. § 32-3291 et seq.
- FF. "Speech therapy" means medically prescribed diagnosis and treatment provided by a speech therapist who has been granted a certificate of clinical competence by the American Speech and Hearing Association.
- GG. "Spouse" means an individual who entered into a marriage contract that is valid in Arizona with a veteran at least 1 year before the veteran was admitted to ASVH.
- HH. "Surviving spouse" means an individual who entered into a marriage contract that is valid in Arizona with a veteran at least 1 year before the veteran's death.
- II. "Therapeutic leave days" means the time that a resident is absent from ASVH, as ordered by the resident's physician, to live on a trial or therapeutic basis in a home setting.
- JJ. "Third-party reimbursement" means that part or all of a resident's daily charge rate and other expenses are paid by a 3rd-party payor.
- KK. "Third-party payor" means any individual, entity, or program that is or may be liable to make 3rd-party reimbursements, including:
 - 1. An ALTCS contract provider for a resident who is certified as eligible for ALTCS services pursuant to A.A.C. R9-28-401 et seq.,
 - 2. Per diem payments from the VA pursuant to 38 CFR 17.166(c),
 - 3. Medicare, or
 - 4. Health or long-term care insurance.
- LL. "Transitional living training" means a planned program that assists residents to adapt to in-home conditions by developing independent living and self-care skills.
- MM. "VA" means the United States Department of Veterans' Affairs.
- NN. "Veteran" means an individual who served in the active United States Army, Navy, Marine Corps, Air Force, or Coast Guard and who was discharged or released under conditions other than dishonorable, and an individual who served in the merchant marine or as a civil service crew resident between December 7, 1941, and August 15, 1945.
- OO. "Veterans service officer" means an individual who is accredited with the VA and who provides technical assistance for veterans' benefits and files claims for those benefits on behalf of a veteran or an eligible resident of the veteran's family.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

ARTICLE 2. ELIGIBILITY

R4-40-201. Eligibility

- A. An applicant is eligible for admission to ASVH if the applicant is a veteran, spouse, or surviving spouse who meets the requirements set forth in Article 3, and:
 - 1. Has been an Arizona resident for at least 1 year before the date of application,
 - 2. Requires skilled nursing care as determined by a physician, and
 - 3. Is not dangerous to self or others as determined by a physician.
- B. The number of spouses and surviving spouses admitted to ASVH shall not be more than 25% of the total number of residents at ASVH as prescribed in 38 CFR 17.173(b)(1) (September 1, 1992, edition and no later editions or amendments) incorporated by reference and on file with the Secretary of State.
- C. Veterans for whom the VA has approved reimbursement to live in a State Veterans home, in accordance with 38 CFR 17.165 and 17.166 (September 1, 1992, edition and no later editions or amendments) incorporated by reference and on file with the Secretary of State, shall be admitted to ASVH before other applicants whose applications or admission is pending.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

ARTICLE 3. APPLICATION AND ADMISSION PROCESS

R4-40-301. Application

- A. Applicants shall apply for admission to ASVH on the form provided by ASVH. When both a veteran and the veteran's spouse are applying for admission, they shall file separate applications. Applications may be obtained from the Commission, VA, or ASVH.
- B. The applicant shall provide the following information on the admission application:
 - 1. The applicant's name, street address, mailing address, and telephone number;
 - 2. The next of kin or legal representative's name, street address, mailing address, and telephone number;
 - 3. The applicant's place and date of birth;
 - 4. The applicant's and veteran's social security numbers;
 - 5. The applicant's marital status and gender;
 - 6. The applicant's or veteran's military service information;
 - 7. The applicant's health insurance and other 3rd-party payor information;
 - 8. The applicant's assessment of the applicant's ability to participate in daily living activities and the applicant's psychosocial behavior;
 - 9. The applicant's current financial resources;
 - 10. The applicant's medical history, current medical status, a signed statement that the applicant requires the level of skilled nursing care in accordance with R4-40-403, and that the applicant is not dangerous to self or others. The applicant shall have the applicant's physician provide this information directly to ASVH; and
 - 11. The applicant's or legal representative's signature.
- C. The applicant shall submit the following to the admissions committee with the admission application:
 - 1. A copy of the veteran's discharge document from the United States military, that may include either Form DD214, Form DD215, the Statement of Service issued by the National Personnel Records Center, or equivalent separation-of-service document;
 - 2. A certified copy of the applicant's marriage certificate if the applicant is a spouse or a surviving spouse;

3. A certified copy of the applicant's birth certificate; and
4. A certified copy of the veteran's death certificate if the applicant is a surviving spouse.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

R4-40-302. Application Process

- A. Within 10 days after the applicant has filed a complete application with ASVH, the admissions committee shall review the application and determine whether to admit the applicant. The committee shall admit applicants on a 1st-come basis, based on the date that the complete application is filed, except for applicants given admission preference pursuant to R4-40-201(C).
- B. After determining that an applicant shall be admitted, the admissions committee shall designate a level of care for the applicant pursuant to R4-40-403.
- C. If the admissions committee is unable to determine the level of care from the application information, the applicant shall comply with a PASARR so that the committee may determine the appropriate level of care.
- D. The administrator shall notify the applicant, in writing, within 20 days after the applicant files a complete application of the committee's decision whether to admit the applicant. In that notice, the administrator also shall notify those applicants who have been approved for admission of their designated level of care.
- E. Within 10 days of the mailing date of the notice from the administrator, an applicant may submit documentation to the administrator that another level of care is more appropriate. The administrator shall make the final determination of what level of care is appropriate and provide written notice of that level to the applicant within 10 days after the applicant has filed documentation to the administrator that another level of care is more appropriate.
- F. If there is no availability for the designated level of care, the applicant's name shall be placed on a waiting list for that level on a 1st-come basis, based on the date the applicant filed a complete application. If space is available, or when space becomes available, the applicant shall be admitted to ASVH.
- G. Applicants may not be admitted without providing updated information if more than 6 months have passed since the applicant's complete application was filed.
 1. If an applicant's admission is pending and the applicant's application was filed more than 6 months before the scheduled date of admission, the admissions committee shall re-review the application to determine whether the applicant can currently function at the previously designated level of care.
 2. The applicant shall then be admitted to the currently appropriate level of care if space is available. If space is not available, the applicant's name shall be placed on the waiting list as stated in subsection (F).

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

R4-40-303. Preadmission Requirements

- A. Before admission, an admission agreement, including the applicant's daily charge rate, shall be executed by the applicant or legal representative and ASVH.
- B. Before admission, the applicant or legal representative shall notify ASVH of any changes in the information provided during the application.
- C. If the applicant's level of care requirements may have changed, based on information provided by the applicant or legal representative, the applicant shall complete a PASARR.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

R4-40-304. Admission Process

- A. The administrator shall notify the applicant or legal representative, in writing, of the date and time that the applicant is to be admitted to ASVH.
- B. The applicant or legal representative shall submit to an admission interview with the administrator, during which the administrator shall review the following with the applicant or legal representative:
 1. Resident responsibilities and conduct;
 2. Resident support charge, billing, and payment; and
 3. The admission agreement.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

R4-40-305. Applicant Grievance, Hearing, and Appeal Process

- A. An applicant or legal representative who believes that any of the provisions of Articles 2 or 3 have not been applied or have been unfairly applied may file a written grievance with the administrator by mailing or hand-delivering the grievance to the administrator. The grievance shall set forth the facts that form the basis of the grievance and the requested action by ASVH.
- B. Within 10 days after the grievance is filed, the administrator shall contact the applicant or legal representative, by telephone or in writing, and attempt to satisfy the concerns raised in the grievance. If the grievance is satisfied, the administrator shall send a letter to the applicant or legal representative, within 20 days after the grievance is filed, documenting the satisfaction and obtain the applicant's or legal representative's signature on the letter acknowledging the satisfaction. This letter shall be kept with the grievance.
- C. If the grievance cannot be informally satisfied, the administrator shall notify the applicant or legal representative, in writing within 30 days after the grievance is filed, of the administrator's decision regarding the grievance.
- D. The applicant or legal representative may file an appeal of the administrator's decision with the Commission, in writing, within 10 days of the mailing date of the administrator's decision.
- E. If the Commission receives a timely filed appeal of the administrator's decision, the Commission shall file a Notice of Hearing pursuant to A.R.S. § 41-1061. At the hearing, the applicant shall be the moving party and have the burden of proof. The hearing shall be conducted pursuant to A.R.S. § 41-1061 et seq.
- F. The Commission shall provide written notice of its decision to the applicant or legal representative within 30 days after the hearing.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

R4-40-306. Rehearing or Review of Commission's Decisions

- A. A party to an action before the Commission who is aggrieved by the Commission's decision may file with the Commission, not later than 20 days after the service of the decision, a written motion for rehearing or review of the decision specifying the particular grounds therefore. A decision shall be deemed to have been served when personally delivered or mailed by certified mail to the party at the party's last known address.
- B. A motion for rehearing or review may be amended at any time before it is ruled upon by the Commission. A response may be filed within 10 days after a motion or amended motion has been filed by any other party. The Commission may require

the filing of written briefs upon the issues raised in the motion and may provide for oral argument.

- C. A rehearing or review of the decision may be granted, in whole or part, for any of the following causes materially affecting the moving party's rights:
 1. Irregularity in the administrative proceedings by the Commission or the prevailing party, or any order or abuse of discretion, whereby the moving party was deprived of a fair hearing;
 2. Misconduct of the Commission or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not with reasonable diligence have been discovered and produced at the original hearing;
 5. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing; or
 6. That the decision is not justified by the evidence or is contrary to law.
- D. The Commission may affirm or modify the decision or grant a rehearing or review to all or any of the parties and on all or part of the issues for any of the reasons set forth in subsection (C). An order granting a rehearing or review shall specify the ground or grounds on which the rehearing or review is granted, and the rehearing or review shall cover only those matters so specified.
- E. Not later than 10 days after a decision is rendered, the Commission may, on its own initiative, order a rehearing or review of its decision for any reason for which it might have granted a rehearing or review on motion of a party. After giving the parties notice and an opportunity to be heard on the matter, the Commission may grant a motion for rehearing or review for a reason not stated in the motion. In either case, the order granting a rehearing on review shall specify the grounds therefore.
- F. When a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party may, within 10 days after the motion has been filed, serve opposing affidavits. This period may be extended for an additional period not exceeding 20 days by the Commission for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.
- G. Once a Commission decision is final, an aggrieved party may file an application for judicial review of the decision within the time limits permitted for applications for judicial review of final agency decisions pursuant to A.R.S. § 12-901 et seq.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

ARTICLE 4. STANDARDS OF CARE

R4-40-401. Care and Treatment

- A. Within 10 days of a resident's admission, the resident's care plan shall be developed based on the resident's physician's treatment orders and the resident's physical, social, and psychosocial needs. The care plan shall be in writing and include:
 1. Health problems and the diagnosis or diagnoses;
 2. Medical status measurements including vital signs, weight, height, and any laboratory findings;
 3. Sensory impairments and communication status;
 4. Physical function, including range of motion, balance, coordination, and daily living activities;
 5. Nutritional status, including nutritional deficiencies, food preferences, intake and output problems, and food allergies;
 6. Social and psychosocial status, including cultural or religious constraints, outside contacts, use of free time, interaction with other residents, and behavioral problems;

- 7. Rehabilitation potential; and
- 8. Discharge potential, including status of independent physical function, availability of family support, and financial resources.
- B. Each resident's progress toward care goals shall be evaluated, in writing, at least every 90 days, including:
 1. Whether each goal was achieved, partially achieved, or unachieved;
 2. The reasons for any goal being partially achieved or unachieved; and
 3. New health problems and new or revised goals identified, if any.
- C. ASVH staff shall immediately notify the resident's physician, in writing, of any change in the resident's condition that may require a level of care change.
- D. The certified or licensed health care professionals at ASVH shall provide care and treatment to each resident pursuant to the laws, rules, and standards in their professions.
- E. The following minimum care shall be provided to each resident, as specifically set forth in each resident's care plan:
 1. Speech therapy, physical therapy, occupational therapy, respiratory care, and transitional living training;
 2. Services and treatments that foster the rehabilitation of the resident to the highest level of functioning;
 3. Physical exercise to maintain or improve muscle tone, joint function, and mobility;
 4. Freedom from bruises, injuries, bedsores, and infections on the skin;
 5. Sufficient fluids to maintain hydration;
 6. Nutrition planned by a dietitian to achieve or maintain an ideal weight range based on age, height, gender, activity, food allergies, and medications;
 7. Sensory stimulation to compensate for sensory loss;
 8. Mental stimulation to maintain or improve intellectual function;
 9. Individual attention and social interaction to maintain identity and self-worth;
 10. Encouragement and assistance in preserving family and friends support systems.
- F. The ASVH nursing staff shall provide the following minimum care to each resident:
 1. Care of mouth, teeth, skin, nails, hair, feet, and perineal area daily;
 2. Tub baths, showers, or bed baths as needed, but at least twice weekly unless otherwise documented in the resident's care plan;
 3. Checks at least every 2 hours of incontinent residents to keep them clean, dry, and free from odor;
 4. Shampoos, shaves, and haircuts to maintain a clean and neat appearance;
 5. Clothing cleaned and maintained in good condition;
 6. Soiled personal clothing stored in closed containers;
 7. Bed linen, including mattress pad, sheets large enough to tuck under the mattress, pillow case, bedspread, and blanket to ensure warmth, changed as often as necessary to assure cleanliness but at least twice a week, and, in the case of bedfast residents, changed at least daily;
 8. Towel and washcloth, which is available at resident's bedside or in the bathroom in a manner that identifies which towel and washcloth belongs to which resident, changed as often as necessary to assure cleanliness but at least twice a week; and
 9. Comb, supplies for dental or mouth care, drinking glass, pitcher, and soap maintained in a manner that prevents use by more than 1 resident.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

R4-40-402. General Provisions

- A. Residents shall purchase any needed customized medical equipment and supplies.
- B. Single-occupancy rooms shall only be for residents with medical conditions requiring isolation, as ordered by the resident's physician.
- C. A resident's bed shall be held for no more than 4 days without the resident paying a daily charge rate when the resident is admitted to a hospital, another health or medical facility, or on therapeutic leave as ordered by the resident's physician. If the resident does not pay the charges incurred, the resident may lose that space and be placed on the waiting list pursuant to R4-40-302(F).

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

R4-40-403. Level of Care

- A. The amount of skilled nursing care time required to provide resident care shall be considered in determining the appropriate level of care. Consideration shall include:
 - 1. The ability of the resident to get in and out of bed and ambulate;
 - 2. The ability of the resident to perform activities of daily living;
 - 3. The ability of the resident to communicate and interact in the resident's environment;
 - 4. The ability of the resident to control bowel and bladder functions; and
 - 5. The complexity of prescribed medication and treatments.
- B. Personal-care level. The personal-care level is appropriate only for persons who require minimum assistance with activities of daily living. A personal-care resident exhibits the following characteristics:
 - 1. Is able to ambulate independently with or without the use of assistive devices such as a cane, walker, or wheelchair;
 - 2. Requires no more than stand-by assistance to transfer from bed, chair, or toilet;
 - 3. Does not need restraints to control a behavioral or medical problem;
 - 4. Requires minimum assistance with bathing, dressing, and grooming;
 - 5. Is able to eat independently, although assistance may be needed in preparing food before eating;
 - 6. Is continent of bowel and bladder or requires minimum assistance in the care of an indwelling catheter or colostomy;
 - 7. Is able to socially interact, although there may be episodes of confusion, memory defects, impaired judgment, or agitation; minimum staff intervention is required; or
 - 8. Receives routine medications or treatment requiring general staff monitoring.
- C. Class 1 care level. The Class 1 care level is appropriate only for residents who require moderate assistance with activities of daily living. A Class 1 care resident exhibits 1 or more of the following characteristics:
 - 1. Needs the assistance of 1 or more than 1 staff person to transfer from bed, chair, or toilet;
 - 2. Needs assistance in walking but is able to self-propel a wheelchair;
 - 3. Requires moderate assistance in bathing, grooming, dressing, and feeding;
 - 4. May need restraints for personal safety;
 - 5. Is periodically incontinent of bowel and bladder or requires care of an indwelling catheter or colostomy;

- 6. Demonstrates socially acceptable behavior but may have periodic emotional or mental disturbances, including combativeness, that can be controlled by moderate staff intervention; or
 - 7. Receives routine medications and treatments requiring general staff monitoring.
- D. Class 3 Care Level. Class 3 care level is appropriate for the residents who require maximum assistance with activities of living. A Class 3 care resident exhibits 1 or more of the following characteristics:
 - 1. Needs the assistance of more than 1 staff person to transfer from bed, chair, or toilet or is bedfast.
 - 2. Needs maximum assistance in walking and moving from 1 location to another;
 - 3. Requires maximum assistance in bathing, dressing, grooming, and feeding;
 - 4. Is totally incontinent of bowel and bladder;
 - 5. Is disoriented, confused, combative, withdrawn, or depressed; frequent staff intervention is required; or behavior may be socially unacceptable; or
 - 6. Requires complex medications or treatments requiring close monitoring.
 - E. When the resident's level of care borders between 2 levels of care or when the required level of care fluctuates, the Director of Nursing shall confer with the resident's physician to determine appropriate placement. The decision shall be documented in the resident's medical record.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

R4-40-404. Level of Care or Eligibility Changes

- A. If a resident no longer requires skilled nursing care, or becomes dangerous to self or others, as determined by a physician, the administrator shall discharge the resident from ASVH pursuant to R4-40-701.
- B. A resident requiring a level of care change shall be transferred to the appropriate level of care as soon as space is available.
- C. ASVH shall place residents requiring a level of care change in available space until space at the appropriate level of care is available.
- D. If a resident needs a level of care, as determined by the resident's physician, that ASVH does not offer, the resident's physician shall refer the resident to a VA medical center or another medical facility equipped to meet the resident's needs. The resident is responsible for paying any charges incurred at the other medical facility and the daily charge rate at ASVH after 4 days absence as stated in R4-40-402(C).

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

ARTICLE 5. RESIDENT SUPPORT**R4-40-501. Billing**

- A. Each resident or the resident's legal representative shall pay ASVH the daily charge rate for all services, treatments, and customized medical equipment and supplies provided to the resident that are not paid to ASVH by a 3rd-party payor.
- B. A monthly resident support charge bill shall be sent to the resident or the legal representative at least 10 days before the payment due date. The bill shall state the total payment due for the upcoming month plus any past-due amount and any services, treatments, and custom medical equipment and supplies not included in the daily charge rate, less any anticipated 3rd-party reimbursements, credits, or refunds.
- C. ASVH's business manager shall credit a resident's account within 30 days of verifying that a credit or refund is due. If a resident is discharged, the business manager shall submit the

amount of any refund or credit to the former resident or legal representative within 30 days of the resident's discharge. If a resident is deceased, the business manager shall submit the amount of any refund or credit to the executor or administrator of the resident's estate or legal representative within 30 days of verifying that an amount is due.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

R4-40-502. Payment Process

- A. The resident shall pay the resident support charge 1 month in advance, by the 1st business day of each month.
- B. If payment is not received by ASVH within 30 days of the due date, ASVH may discharge a resident pursuant to R4-40-701.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

ARTICLE 6. RESIDENT RESPONSIBILITIES AND CONDUCT

R4-40-601. General Provisions

- A. The resident or legal representative shall:
 1. Report any change in the resident's financial resources, or all 3rd-party payors' responsibilities for paying the resident's care and treatment;
 2. Provide accurate and complete information about the resident's medical history, including previous illnesses, hospitalizations, and medications, and current physical, psychological, and mental condition;
 3. Report changes in the resident's physical, psychological, or mental condition to the resident's physician or the Director of Nursing;
 4. Participate in care planning, cooperate with the carrying out of the care plan, and participate in the evaluation of the care plan;
 5. Be considerate of the rights of other residents and treat other residents, staff, and visitors with dignity and respect;
 6. Avoid disruptive behavior;
 7. Respect the property of other residents, staff, and ASVH. A resident or legal representative may be held financially responsible for any property damaged or destroyed by the resident;
 8. Keep scheduled appointments with ASVH staff and if unable to do so, notify the staff;
 9. Maintain personal hygiene, clothing, and living area in a clean and neat condition, to the extent possible based on physical and mental capabilities;
 10. Carry Medicare Part B insurance, if eligible;
 11. Maintain all records regarding the resident's finances and provide all information required by ASVH to compute the resident's support charge; and
 12. If a resident has a conservator, the conservator shall submit a copy of the annual conservatorship report to ASVH.
- B. The resident shall not:
 1. Use or possess alcoholic beverages or illegal substances on ASVH premises;
 2. Possess firearms or weapons on ASVH premises;
 3. Smoke in an ASVH building; or
 4. Engage in disruptive behavior.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

ARTICLE 7. RESIDENT DISCHARGE, GRIEVANCE, HEARING, AND APPEAL PROCESS

R4-40-701. Resident Discharge

- A. The administrator may discharge a resident for:
 1. Loss of eligibility to reside at ASVH pursuant to R4-40-201;
 2. Failure to pay the resident support charge pursuant to R4-40-502;
 3. Failure to comply with resident responsibilities pursuant to R4-40-601.
- B. Before ordering the discharge of a resident, the administrator shall have a staff member meet with the resident or legal representative about the alleged grounds for discharge. The staff member shall submit a written report to the administrator detailing the outcome of the meeting.
- C. If the report concludes that the alleged grounds for discharge no longer warrant discharge, the matter shall be closed.
- D. If the report concludes, and the administrator agrees, that the grounds for discharge are substantiated and warrant the resident's discharge, the administrator shall notify the resident or legal representative, in writing, at least 30 days before the effective date of discharge of the reasons for and effective date of the discharge. A written notice by the Director, Arizona Veterans' Service Commission, to a resident or legal representative may be made as soon as practicable but at least 10 days prior to a resident's transfer or discharge when:
 1. The safety of individuals in the facility would be endangered;
 2. The health of individuals in the facility would be endangered;
 3. The resident's health improves sufficiently to allow a more immediate transfer or discharge; or
 4. An immediate transfer or discharge is required by the resident's urgent care medical needs.
- E. A resident who has been discharged shall be readmitted to ASVH only when the admissions committee determines that the grounds for the discharge are not likely to recur. The resident's readmission shall be in accordance with the applicable portions of R4-40-302, R4-40-303, and R4-40-304.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

R4-40-702. Resident Grievance, Hearing, and Appeal Process

- A. A resident or legal representative who believes that any of the provisions of Articles 4, 5, 6, 7, or 8 have not been applied or have been unfairly applied may file a written grievance with the administrator by mailing or hand-delivering the grievance to the administrator. A grievance shall contain a statement of the grievance and the requested action.
 1. A grievance filed regarding a resident's discharge shall be filed within 10 days of the mailing date of the notice that states the effective date of the discharge; and
 2. A grievance filed pursuant to subsection (A)(1) stays the effective date of the resident's discharge until the grievance is satisfied, the administrator makes a decision regarding the grievance, or the matter is a final administrative decision pursuant to A.R.S. § 12-901(2), whichever is later.
- B. Within 5 days of the grievance being filed, the administrator shall assign a social worker to discuss the grievance with the resident or legal representative. Within 10 days of the grievance being filed with the administrator, the social worker shall investigate the matter, meet with the resident or legal representative, and attempt to resolve the grievance.

- C. If the grievance is satisfied, the administrator shall send a letter to the resident or legal representative, within 20 days of the grievance being filed, documenting the satisfaction. The administrator shall obtain the resident's or legal representative's signature on the letter acknowledging the satisfaction and keep this letter with the grievance.
1. If the satisfaction is that the resident no longer disputes being discharged, the resident shall be discharged on a date agreed to in the letter of satisfaction between the administrator and the resident or legal representative, not to exceed 10 days from the date of the satisfaction letter.
 2. If the satisfaction is that the discharge is no longer warranted, the letter of satisfaction shall state the reasons therefore and the pending discharge matter shall be closed.
- D. If the grievance cannot be informally satisfied, the administrator shall notify the resident or legal representative, in writing within 30 days of the grievance being filed, of the administrator's decision regarding the grievance.
- E. The resident or legal representative may file an appeal of the administrator's decision as set forth in R4-40-305(D). If an appeal is filed, the Commission shall proceed and a hearing shall be held as set forth in R4-40-305(E) and (F).

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

R4-40-703. Rehearing or Review of Commission's Decisions

A rehearing or review of a Commission decision shall be in accordance with R4-40-306.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).

ARTICLE 8. RESIDENT TRUST FUND**R4-40-801. General Provisions**

- A. If a resident or legal representative has ASVH manage the resident's finances, a written authorization shall be executed by

ASVH's business manager and the resident or legal representative.

1. The resident or legal representative's written consent may be withdrawn at any time.
 2. ASVH's managing of a resident's finances shall not be a condition of admission to or continued residence at ASVH.
- B. ASVH shall maintain an interest-bearing account with a federally insured bank for each resident for whom ASVH manages finances.
1. The administrator or business manager shall keep written receipts of each resident's deposits, withdrawals, and expenditures.
 2. The administrator or business manager shall provide the resident or legal representative with a monthly statement accurately reflecting deposits, withdrawals, disbursements, interest, and current balances.
 3. Residents' finances and funds shall be kept separate from each others' and from ASVH's.
 4. All funds that have been entrusted to ASVH, less any amount owed for resident support or costs of care, shall be returned to the resident or legal representative within 30 days of the resident's discharge or the demand from the resident or legal representative, whichever is sooner. The administrators or business manager shall obtain a signed receipt from the resident or legal representative acknowledging that the resident's funds have been properly returned.
 5. Within 30 days of a resident's death, all funds, less any amount owed for resident support or costs of care, and a resident's valuables that have been entrusted to ASVH shall be returned to the legal representative or to the executor or administrator of the resident's estate.

Historical Note

Adopted effective January 2, 1996 (Supp. 96-1).